125 BYRD AVENUE

NEENAH 54956 Phone: (920) 725-271	.4	Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	125	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	141	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	120	Average Daily Census:	115

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	35. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	35. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	4. 2	More Than 4 Years	30. 0
Day Services	No	Mental Illness (Org./Psy)	18. 3	65 - 74	13. 3		
Respite Care	Yes	Mental Illness (Other)	11. 7	75 - 84	30.0	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	45.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.8	95 & 0ver	7. 5	Full-Time Equivalent	
Congregate Meals	No	Cancer	2. 5	İ	ĺ	Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	13. 3	65 & 0ver	95. 8		
Transportati on	No	Cerebrovascul ar	21. 7			RNs	8. 9
Referral Service	No	Di abetes	0.8	Sex	%	LPNs	7. 1
Other Services	Yes	Respiratory	5. 8		j	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	<b>25</b> . <b>0</b>	Male	30.8	Ai des, & Orderlies	35. 8
Mentally Ill	No			Femal e	69. 2		
Provide Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
*******************	k****	, ************	******	, *******	*******	*******	*****

## Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	•		amily Care			Managed Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	1	1. 1	120	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	0. 8
Skilled Care	16	100. 0	299	82	93. 2	102	1	100. 0	117	14	100.0	133	0	0.0	0	1	100.0	299	114	<b>95.</b> 0
Intermediate				5	5. 7	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	4. 2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		88	100.0		1	100.0		14	100.0		0	0.0		1	100.0		120	100.0

Deaths During Reporting Period					,		
	•			9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	9. 3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	9. 2		77. 5	13. 3	120
Other Nursing Homes	0.0	Dressi ng	12. 5		75. 8	11. 7	120
Acute Care Hospitals	89. 0	Transferring	26. 7		59. 2	14. 2	120
Psych. HospMR/DD Facilities	0.0	Toilet Use	23. 3		61. 7	15. 0	120
Rehabilitation Hospitals	0.0	Eati ng	70. 0		<b>25</b> . <b>0</b>	5. 0	120
Other Locations	1. 7	********************	******	*******	******	*******	******
Total Number of Admissions	172	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		12. 5		Respi ratory Care	10. 8
Private Home/No Home Health	21. 2	Occ/Freq. Incontinent		43. 3	Recei vi ng	Tracheostomy Care	1. 7
Private Home/With Home Health	13. 5	Occ/Freq. Incontinent	of Bowel	28. 3	Recei vi ng	Sucti oni ng	1. 7
Other Nursing Homes	6. 5					Ostomy Care	3. 3
Acute Care Hospitals	9. 4	Mobility				Tube Feedi ng	3. 3
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	2. 5	Recei vi ng	Mechanically Altered Di	ets 26. 7
Rehabilitation Hospitals	0.0						
Other Locations	9. 4	Skin Care			Other Reside	nt Characteristics	
Deaths	<b>40</b> . <b>0</b>	With Pressure Sores		4. 2		ce Directives	89. 2
Total Number of Discharges		With Rashes		1. 7	Medi cati ons		
(Including Deaths)	170				Recei vi ng	Psychoactive Drugs	31. 7

************************************										
	Ownership: This Proprietary Facility Peer Group		pri et ary	100	Si ze: - 199 Group	Ski	ensure: lled Group	Al l Faci l	l lities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o	
	01.0	00.7	0.00	00.0	0.07	04.0	0.00	04.0	0.00	
Occupancy Rate: Average Daily Census/Licensed Beds	81. 3	82. 7	0. 98	83. 8	0. 97	84. 3	0. 96	84. 6	0. 96	
Current Residents from In-County	90. 8	82. 1	1. 11	84. 9	1. 07	82. 7	1. 10	77. 0	1. 18	
Admissions from In-County, Still Residing	22. 1	18. 6	1. 19	21. 5	1. 03	21. 6	1. 02	20. 8	1. 06	
Admissions/Average Daily Census	149. 6	178. 7	0.84	155. 8	0. 96	137. 9	1. 08	128. 9	1. 16	
Discharges/Average Daily Census	147. 8	179. 9	0. 82	156. 2	0. 95	139. 0	1. 06	130. 0	1. 14	
Discharges To Private Residence/Average Daily Census	51. 3	76. 7	0. 67	61. 3	0. 84	<b>55. 2</b>	0. 93	<b>52.</b> 8	0. 97	
Residents Receiving Skilled Care	95. 8	93. 6	1. 02	93. 3	1.03	91.8	1. 04	<b>85</b> . 3	1. 12	
Residents Aged 65 and Older	95. 8	93. 4	1. 03	92. 7	1. 03	92. 5	1.04	87. 5	1. 10	
Title 19 (Medicaid) Funded Residents	73. 3	63. 4	1. 16	64. 8	1. 13	64. 3	1. 14	68. 7	1. 07	
Private Pay Funded Residents	11. 7	23. 0	0. 51	23. 3	0. 50	25. 6	0.46	22. 0	0. 53	
Developmentally Disabled Residents	0. 0	0. 7	0.00	0. 9	0.00	1. 2	0.00	7. 6	0. 00	
Mentally Ill Residents	30. 0	30. 1	1. 00	37. 7	0. 80	37. 4	0. 80	33. 8	0. 89	
General Medical Service Residents	25. 0	23. 3	1. 07	21. 3	1. 17	21. 2	1. 18	19. 4	1. 29	
Impaired ADL (Mean)	42. 0	48. 6	0. 86	49. 6	0. 85	49. 6	0. 85	49. 3	0. 85	
Psychological Problems	31. 7	50. 3	0. 63	53. 5	0. 59	54. 1	0. 59	51. 9	0. 61	
Nursing Care Required (Mean)	6. 7	6. 2	1. 07	6. 5	1. 03	6. 5	1. 02	7. 3	0. 91	
hursing care nequired (near)	J. 7	J. 2	1.07	0. 5	1. 00	0. 5	1.02	7.3	0. 01	